Image# 12954267984 PAGE 1 / 20

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

•	OTTIV		or Other	Inan An	Authorized	Committe	ee		Office Use Only	,	
1.	NAME C	PF TEE (in full)	TYPE OR P	RINT ▼		ample: If typions the lines.	ng, type	12FE4M5			
Р	PIEDMC	NT TRIAD AN	NESTHES	SIAPAF	EDERAL	PAC					
					1 1 1 1	1 1 1 1	1 1 1 1				
ΑD	DRESS (n	umber and street)	145 KIME	L PARK DRI\	/E SUITE 120	)					
Ė	Che	ck if different									
L	thar	previously prted. (ACC)	WINSTO	N-SALEM				NC	27103	]-[	
2.	FEC IDI	ENTIFICATION NU	JMBER ▼		CITY 🛦			STATE 🛦	ZIP C	CODE A	
	C	C00435651		3	3. IS THIS REPORT		NEW (N) <b>OR</b>	AM (A)	IENDED		
4.	TYPE (Choose	OF REPORT One)	(b) Mont Repo	ort	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)	
	(a) Qua	rterly Reports:			,		, ,			(Non-Election Year Only)	
		April 15 Quarterly Report (C	Q1) ——		Apr 20 (M4)		Jul 20 (M7)		20 (M10)	Jan 31 (YE)  Runoff (12R)	
		July 15 Quarterly Report (C	ly Report (Q2)		PRE-Election						
	×	October 15 Quarterly Report (C		Report for tr	ie:	Convention (	(120)	Special (	125)		
		January 31 Year-End Report (Y	Έ)	E	lection on	M M /	D   D /	Y	in the State		
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	n i '	30-Day  POST-Election Report for the		General (300	G)	Runoff (3	0R)	Special (30S)	
		Termination Report (TER)		E	lection on	M = M /	D	Y	in the State		
5.	Covering	Period 07			012	through	M M 09	30	2012		
l ce	ertify that	have examined th	is Report ar	nd to the be	st of my kno	wledge and	belief it is tru	ue, correct and	d complete.		
Тур	e or Print	Name of Treasure	r Mr. Theod	dore C. Fyock	(						
Sig	nature of	Treasurer Mr. 7	Гheodore С. Fy	ock		[Electronicall	y Filed] [	Date 10	02	2012	
NO	TE: Submi	ssion of false, erron	eous, or inco	mplete inforn	nation may su	ubject the per	son signing tl	nis Report to th	ne penalties of 2	2 U.S.C. §437g.	
	Off Us	se							FEC FO		
	l Or	nlv I	- 1	l				1			

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		48204.34
	(b) Cash on Hand at Beginning of Reporting Period	42304.34	
	(c) Total Receipts (from Line 19)	11900.00	35500.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54204.34	83704.34
7.	Total Disbursements (from Line 31)	32500.00	62000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21704.34	21704.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

01 2012 To:				
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
-				
11900.00	35500.00			
11000.00	7			
0.00	0.00			
11900.00	35500.00			
0.00	0.00			
0.00	0.00			
7	0.00			
11900.00	35500.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
7				
0.00	0.00			
	, , , , , , , , , , , , , , , , , , , ,			
0.00	0.00			
0.00	0.00			
0.00				
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
	3550			
11900.00	35500.0			
	COLUMN A Total This Period  11900.00  11900.00  11900.00  11900.00  11900.00  10.00  10.00  10.00  10.00  10.00  10.00  11900.00  10.00  11900.00  11900.00			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tillo I Gliou	Calcilual Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N. 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating  Expenditures	500.00	500.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	500.00	500.00
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E)  Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use sofiedule 1)	7 7	
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	7 7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	32000.00	61500.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	3.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32500.00	62000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	32500.00	62000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

. = 0	om ox (nev. ozzeoo)					
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11900.00	35500.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11900.00	35500.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	500.00	500.00				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	500.00				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LI	PAGE	6	OF	20			
(check	only or						
X 11:	11c	12					
13		14		15	16		17

or for commercial purposes, other than using th	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial)  Dr. Terrence Almengual  Mailing Address 4248 Saddlewood Forest Driv	Date of Receipt	
City Winston-Salem	State Zip Code NC 27106	09 30 2012 Transaction ID : SA11AI.4755
FEC ID number of contributing federal political committee.	C 27106	Amount of Each Receipt this Period  600.00
Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	- \$200/Monthly
Full Name (Last, First, Middle Initial)  Dr. Vincent Castellano III  Mailing Address 5452 Brookberry Farm Road  City	Date of Receipt  09 30 2012  Transaction ID: SA11AI.4756	
Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA	State Zip Code NC 27106  C Occupation	Amount of Each Receipt this Period  600.00  \$200/Monthly
Receipt For:  Primary  Other (specify)	Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	
Full Name (Last, First, Middle Initial) Dr. Simon Chao  Mailing Address 1111 Downing Creek Court		Date of Receipt  09 30 2012
City Winston-Salem	State Zip Code NC 27106	Transaction ID : SA11AI.4757  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	600.00 \$200/Monthly
Piedmont Triad Anesthesia, PA  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologists  Aggregate Year-to-Date ▼  1800.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1800.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR L	PAGE	7	OF	20			
ı	(check							
	X 1	1a	11b		11c	12		
	1	3	14		15	16		17

Full Name (Last, First, Middle Initial) Dr. David Colonna  Mailing Address 387 Cedar Trails	Date of Receipt				
City	State Zip Code	09 30 2012 Transaction ID : SA11AI.4758			
Winston-Salem  FEC ID number of contributing federal political committee.	NC 27104	Amount of Each Receipt this Period 500.00			
Name of Employer  Piedmont Triad Anesthesia, P.A  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1300.00	\$200/Monthly			
Full Name (Last, First, Middle Initial) Dr. Kumar Dongre  Mailing Address 20425 Staghorn Court		Date of Receipt  09 30 2012			
City Cornelius	•				
FEC ID number of contributing federal political committee.	C	600.00 \$200/Monthly			
Name of Employer Piedmont Triad Anesthesia, P.A Receipt For:	Occupation Anesthesiologist	- Quantity			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1800.00				
Full Name (Last, First, Middle Initial)  Dr. Paolo Flezzani  Mailing Address 3270 Beroth Road		Date of Receipt			
City Pfafftown  FEC ID number of contributing	State Zip Code NC 27040	09 30 2012  Transaction ID : SA11AI.4760  Amount of Each Receipt this Period			
federal political committee.  Name of Employer	Occupation	600.00 \$200/Monthly			
Piedmont Triad Anesthesia, P.A  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  1800.00				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		8	OF		20
(c	he										
	X	11a		11b		11c 12					
		13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTH	ESIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial) Thomas Gendrachi Jr.  Mailing Address 3748 Burbank Lane	Date of Receipt	
City Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code NC 27106  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	Transaction ID: SA11AI.4761  Amount of Each Receipt this Period  600.00  \$200/Monthly
Full Name (Last, First, Middle Initial)  Dr. Greg Hardie  Mailing Address 1619 Appian Way  City Clemmons  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA  Receipt For: Primary General Other (specify)	State Zip Code NC 27012  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  99 30 2012  Transaction ID: SA11AI.4762  Amount of Each Receipt this Period  600.00  \$200/Monthly
Full Name (Last, First, Middle Initial)  Dr. George Hertz  Mailing Address 4232 Lake Cliffe Drive  City Clemmons  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA  Receipt For:  Primary General Other (specify)	State Zip Code NC 27012  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  09 30 2012  Transaction ID : SA11AI.4763  Amount of Each Receipt this Period  600.00  \$200/Monthly
SUBTOTAL of Receipts This Page (optional)	····	1800.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	9	OF	20				
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial)  Dr. Curtis Johnsrude  Mailing Address 4416 Bent Tree Farm Road	Dr. Curtis Johnsrude					
City	State Zip Code	09 30 2012 Transaction ID : SA11AI.4764				
Winston-Salem  FEC ID number of contributing federal political committee.	NC 27106	Amount of Each Receipt this Period 600.00				
Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:	Occupation Anesthesiologist  Aggregate Year-to-Date ▼	\$200/Monthly				
Primary General Other (specify) ▼	1800.00					
Full Name (Last, First, Middle Initial)  3. Dr. Daniel Kennedy  Mailing Address 4255 Foxbury Court		Date of Receipt  09 30 2012				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4765  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1800.00					
Full Name (Last, First, Middle Initial)  Dr. Frederick Alan Koontz		Date of Receipt				
Mailing Address 4246 Allistair Road		09 30 2012				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4766  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist	\$200/Monthly				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line numbe	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

TOTAL TROMBETT						PAGE	 10	OF	20
(check only one)									
X 11a 11b					11c	12			
		13		14		15	16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHES	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial)  Dr. Joseph McConville  Mailing Address 3120 Millhaven Lake Drive	Dr. Joseph McConville					
City						
Winston-Salem	NC 27106	Transaction ID : SA11AI.4767  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1800.00					
Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road		Date of Receipt  09 30 2012				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4768				
FEC ID number of contributing federal political committee.	C 27104	Amount of Each Receipt this Period 600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial)  Dr. Suresh Penkar		Date of Receipt				
Mailing Address 4206 Garden Spring Road		09 30 2012				
City Clemmons	State Zip Code NC 27012	Transaction ID : SA11AI.4769  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1800.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	 11	OF	20
(c	he	ck only							
X 11a 11b						11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	ESIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial)  Charles Derek Reid		Date of Receipt
Mailing Address 2145 Cherrywood Drive	09 30 2012	
City Clemmons	State Zip Code NC 27012	Transaction ID : SA11AI.4770  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	\$200/Monthly
Full Name (Last, First, Middle Initial)  3. Dr. Michael Scannell  Mailing Address 2185 Knight Road  City	State Zip Code	Date of Receipt  09 30 2012  Transaction ID: SA11AI.4771
Kernersville  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA  Receipt For:	NC 27284  C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  600.00  \$200/Monthly
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	1800.00	
Dr. Benzion Schkolne  Mailing Address 300 Beechcliff Court		Date of Receipt  09 30 2012
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4772  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:  Primary  General	Occupation  Anesthesiologist  Aggregate Year-to-Date ▼	\$200/Monthly
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line number	<u> </u>	1800.00
(		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	 12	OF	20
(check only one)									
X 11a 11b					11c	12			
		13		14		15	16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC				
Full Name (Last, First, Middle Initial) Dr. Ronald Waterer  Mailing Address 689 Lichfield Drive		Date of Receipt			
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4773  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	600.00			
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00				
Full Name (Last, First, Middle Initial)  Dr. Daniel Winters  Mailing Address 4180 Dimholt Court		Date of Receipt			
City Winston-Salem	State Zip Code NC 27104	09 30 2012  Transaction ID : SA11AI.4774  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	600.00			
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)		1200.00			
TOTAL This Period (last page this line number	only)	11900.00			

### S 17

SCHEDULE B (FEC Form 3X)		F05 : "'-	NUMBER 1	PAGE 13 OF 20	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 20 (check only one)			
II LIVIIZED DISDUNSEWEN IS	for each category of the	X 21b	22 23 24	25 26	
	Detailed Summary Page	27	28a 28b 28	30b	
Any information copied from such Reports and Stater	nents may not be sold or us	ed by any ners	on for the nurnose of solici	ting contributions	
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions from s	such committee.	
NAME OF COMMITTEE (In Full)					
→ PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAC	;			
/ Full Name (Last, First, Middle Initial)					
_			Date of Disbursement		
A. SHARRARD, MCGEE & CO., P.A.			M M / D D /	Y	
Mailing Address P.O. BOX 5869			07 09	2012	
	State Zip Code NC 27262		Transaction ID : SB21	B.4714	
HIGH POINT Purpose of Disbursement	NC 27262				
FORM 990 PREPARATION		001	Amount of Each Disburs	sement this Period	
Candidate Name		Category/			
		Type		500.00	
Office Sought: House Disburser	nent For:				
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B.			Date of Disbursement		
			M M / D D /	Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
·			Amount of Each Disburs	sement this Period	
Candidate Name		Category/			
		Type			
Office Sought: House Disburser					
Senate President	Primary General Other (specify)				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
			M M / D D /	Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Oity	Julio Zip Oode				
Purpose of Disbursement					
Candidate Name	Category/				
Office Sought: House Disburser	nent For:	Туре			
Senate Dispurser	Primary General				
President	Other (specify)				
State: District:	· · · · · · · · · · · · · · · · · · ·				
'					
SUBTOTAL of Disbursements This Page (optional)				500.00	
				500.00	
TOTAL This Period (last page this line number only)				500.00	

S	CHEDULE B (FEC Form 3X)	Haa	ovoto cabacida ( )	FOR LINE		PAGE 14 OF 20
ITEMIZED DISBURSEMENTS		for each	earate schedule(s) category of the	(check only	one)	23 24 25 26
		Detailed	Summary Page	27	28a	28b 28c X 29 30b
	ny information copied from such Reports and Statem					pose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	dress of any polition	cal committee to	solicit contribu	utions from such committee.
$  \rangle$	NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA	D ∆ ⊏⊏	DERAI DAC	•		
$\mathbb{Z}$	I ILDIVIONI INIAD ANESTRESIA	· ^ FE				
_	Full Name (Last, First, Middle Initial)	_			Doto of Di-	huraamant
A.	BRUNSTETTER FOR NC SENATE	=			Date of Dis	bursement / Y Y Y Y Y
	Mailing Address 2521 BITTING ROAD				09	18 2012
	01	N - 1 -	7' 01-			
	,	State NC	Zip Code 27104		Transaction	on ID : SB29.4752
	Purpose of Disbursement					
	CONTRIBUTION  Condidate Name			011	Amount of	Each Disbursement this Period
	Candidate Name			Category/ Type		4000.00
	Office Sought: House Disbursen	nent For:	2012	.,,,,		
		Primary	General			
	State: NC District: 31	Other (spe	ecify) 🔻			
_	Full Name (Last, First, Middle Initial)					
В.	BRYAN HOLLOWAY FOR NC HO	USE			Date of Dis	bursement
	Molling Address 1107 Oct.				M = M /	D D / Y Y Y Y Y
	Mailing Address 1165 Sterling Pointe Drive				09	14 2012
	,	State	Zip Code		Transacti	on ID : SB29.4728
	King Purpose of Disbursement	NC	27021			· · · · · · · · · · · · · · · · · · ·
	CONTRIBUTION			011	Amount of	Each Disbursement this Period
	Candidate Name			Category/		1000.00
	Office Sought:	ont For	2012	Type		1000.00
		Primary	2012 General			
		Other (spe				
_	State: NC District: 91					
C.	Full Name (Last, First, Middle Initial)  CITIZENS TO ELECT BERT JONE	:0			Date of Dis	bursement
٠.		. <b>.</b>			M M /	
	Mailing Address 299 FAIRFIELD ROAD				09	18 2012
	City	State	Zip Code			
	REIDSVILLE	NC	27320-8293		Transacti	on ID : SB29.4750
	Purpose of Disbursement CONTRIBUTION			011		
	Candidate Name			011	Amount of	Each Disbursement this Period
				Category/ Type		2000.00
	Office Sought: House Disbursen					,
		Primary Other (spe	General			
	State: NC District:	Other (ope	<b>∀</b>			
Г	'					
5	SUBTOTAL of Disbursements This Page (optional)		<u></u>	·······		7000.00
Ī,	OTAL This Period (last page this line number only)					
1 '	The fine forest page the mile number only).		• • • • • • • • • • • • • • • • • • • •			

S	CHEDULE B (FEC Form 3X)		NUMBER: PAGE 15 OF 20			
ITEMIZED DISBURSEMENTS		Use separate schedule(s				
••		for each category of the Detailed Summary Page	21b	22 23 24 25 26		
_		_ stance canniary rago	27	28a 28b 28c X 29 30b		
	ny information copied from such Reports and Staten					
or	for commercial purposes, other than using the name	ne and address of any polit	ical committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		^			
/	PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAI	C			
_	Full Name (Last, First, Middle Initial)					
A.	CITIZENS TO ELECT RENA TURI	NER		Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address PO BOX 1663			09 14 2012		
	City	State Zip Code				
	STATESVILLE	NC 28687		Transaction ID : SB29.4740		
	Purpose of Disbursement CONTRIBUTION		1			
			011	Amount of Each Disbursement this Period		
	Candidate Name		Category/ Type	500.00		
	Office Sought:	ment For: 2012	Type			
		Primary Seneral				
	President	Other (specify) ▼				
_	State: NC District:					
D	Full Name (Last, First, Middle Initial)	101105		Data of Diskumannant		
В.	CONRAD COMMITTEE FOR NC I	HOUSE		Date of Disbursement		
	Mailing Address 4004 PEMBERTON COURT			09 14 2012		
		State Zip Code		Transaction ID : SB29.4738		
	WINSTON-SALEM Purpose of Disbursement	NC 27106				
	CONTRIBUTION		011	Amount of Each Disbursement this Period		
	Candidate Name		Category/			
			Type	1000.00		
		ment For: 2012				
	Senate President	Primary General				
	State: NC District:	Other (specify) ▼				
_	Full Name (Last, First, Middle Initial)					
C.	DAVID LEWIS FOR NC HOUSE			Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address PO BOX 1826			09 18 2012		
	City	State Zip Code				
	DUNN	NC 28335		Transaction ID: SB29.4746		
	Purpose of Disbursement CONTRIBUTION					
			011	Amount of Each Disbursement this Period		
	Candidate Name		Category/	2000.00		
	Office Sought:	ment For: 2012	Туре			
		Primary General				
	President	Other (specify) ▼				
	State: NC District:					
				2500.00		
S	SUBTOTAL of Disbursements This Page (optional)		·····•	3500.00		
٦	OTAL This Period (last page this line number only)	)				
	, ,	,				

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 20			
IT	EMIZED DISBURSEMENTS	DISBURSEMENTS  Use separate schedule(s) (check of the separate schedule)		eck only one)			
-		Detailed Summary Page	21b	22 23 24 25 26			
_		, ,	27	28a 28b 28c X 29 30b			
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
Lor.	NAME OF COMMITTEE (In Full)	ie and address of any politi	cai committee to	Solicit Continuations from Such Confinitiee.			
$  \rangle$	PIEDMONT TRIAD ANESTHESIA	D V EEDEBVI DV	^				
/	I ILDIVIONI INIAD ANESTRESIA	I A I LUENAL PAI	<b>J</b>				
	Full Name (Last, First, Middle Initial)						
A.	ED HANES FOR NORHT CAROLI	NA COMMITTEE		Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address 380-H KNOLLWOOD STREET SUITE 191			09 14 2012			
		State Zip Code					
	WINSTON-SALEM	NC 27104		Transaction ID : SB29.4727			
	Purpose of Disbursement						
	CONTRIBUTION		011	Amount of Each Disbursement this Period			
	Candidate Name		Category/	500.00			
	Office Sought:	nent For: 2012	Туре				
		Primary Seneral					
	President	Other (specify) ▼					
	State: NC District:						
_	Full Name (Last, First, Middle Initial)			5			
В.	ELMORE FOR NC HOUSE			Date of Disbursement			
	Mailing Address PO BOX 522			09 14 2012			
	•	State Zip Code		Transaction ID : SB29.4730			
	NORTH WILKESBORO Purpose of Disbursement	NC 28659					
	CONTRIBUTION		011	Amount of Each Disbursement this Period			
	Candidate Name		Category/				
			Type	500.00			
		nent For: 2012					
		Other (specify) —					
	State: NC District:	Other (specify) ▼					
_	Full Name (Last, First, Middle Initial)						
C.	EVELYN TERRY HOUSE DISTRIC	CT 71		Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address 1224 REYNOLDS FOREST DRIVE			09 14 2012			
	City	State Zip Code					
	-	NC 27107		Transaction ID: SB29.4735			
	Purpose of Disbursement CONTRIBUTION						
			011	Amount of Each Disbursement this Period			
	Candidate Name		Category/	500.00			
	Office Sought:  House  Disbursen	nent For: 2012	Туре				
		Primary Seneral					
	President	Other (specify) ▼					
	State: NC District:						
				1500.00			
L	SUBTOTAL of Disbursements This Page (optional)		·····•	1500.00			
١,	OTAL This Period (last nage this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b			
Any information copied from such Reports and State	ments may not be sold or us					
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
$ \; angle$ PIEDMONT TRIAD ANESTHESIA	A P A FEDERAL PAG	2				
Full Name (Last, First, Middle Initial)		T				
A. MOORE CITIZENS FOR BOLES			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 425 W PENN AVENUE			09 14 2012			
City	State Zip Code					
SOUTHERN PINES	NC 28327		Transaction ID : SB29.4737			
Purpose of Disbursement CONTRIBUTION		011	Amount of Each Dishursoment this Davied			
Candidate Name			Amount of Each Disbursement this Period			
		Category/ Type	1000.00			
	ement For: 2012					
Senate	Primary General					
State: NC District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. NCMS MEDPAC			Date of Disbursement			
Mailing Address P.O. BOX 25834 222 N. PERSON STREET		09 14 2012				
City RALEIGH	State Zip Code NC 27611		Transaction ID : SB29.4743			
Purpose of Disbursement CONTRIBUTION		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	2002.22			
		Type	2000.00			
Office Sought: House Disburse Senate	ement For: 2012 Primary General					
President	Primary					
State: District:	· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial)						
C. NEAL HUNT FOR NC SENATE			Date of Disbursement			
Mailing Address 2600 FAIRVIEW ROAD			09 10 2012			
	_					
City RALEIGH	State Zip Code NC 27608		Transaction ID : SB29.4723			
Purpose of Disbursement	21000					
CONTRIBUTION		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
Office Sought: House Disburs	ement For: 2012	Туре	7			
Senate	Primary Seneral					
President	Other (specify)					
State: NC District:						
SURTOTAL of Dichurcoments This Page (entione)			7000.00			
SUBTOTAL of Disbursements This Page (optional)		·····				
TOTAL This Period (last page this line number onl	y)					

SCHEDULE B (FEC Form 3X)		FOD I WE	NUMBER: PAGE 18 OF 20
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) FOR LINE (check only	NOMBELL.
ITEMIZED DISDUNSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and Stat			
or for commercial purposes, other than using the n	ame and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
$  angle$ PIEDMONT TRIAD ANESTHESI $\mu$	A P A FEDERAL PA	C	
Full Name (Last, First, Middle Initial)			
A. SARAH STEVENS FOR HOUSE			Date of Disbursement
SAKAH STEVENST SIK HOUSE			M M / D D / Y Y Y Y
Mailing Address PO BOX 667			09 14 2012
City MOUNT AIRY	State Zip Code NC 27030		Transaction ID : SB29.4732
Purpose of Disbursement	27030		
CONTRIBUTION		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	ement For: 2012		
Senate	Primary General		
State: NC District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. STAM FOR HOUSE			Date of Disbursement
OTAWAY OR FIGURE			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 1600			09 18 2012
<del> </del>			
City APEX	State Zip Code NC 27502		Transaction ID : SB29.4744
Purpose of Disbursement	NO 27502		
CONTRIBUTION		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2222.22
		Type	2000.00
	ement For: 2012		
Senate President	Primary General		
State: NC District: 37	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
c. THE GOODWIN COMMITTEE			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 27841			09 10 2012
Cit.	Otata Zin Cada		
City RALEIGH	State Zip Code NC 27611		Transaction ID : SB29.4718
Purpose of Disbursement	2.311		
CONTRIBUTION		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office Occupie		Type	2000.00
Office Sought: House Disburs Senate	ement For: 2012		
President	Primary		
State: District:	_ Carlot (opcomy) \		
SUBTOTAL of Disbursements This Page (optional)			5000.00
TOTAL This Period (last page this line number on	y)		

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 20
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
		Detailed Summary Page	21b	22 23 24 25 26
			27	28a 28b 28c X 29 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam			
H	NAME OF COMMITTEE (In Full)	ic and address of any politi	cai committee to	, solicit contributions from Such committee.
$  \rangle$	PIEDMONT TRIAD ANESTHESIA		_	
$\mathbb{I}/$	TILDIVIONT TRIAD AINESTITESIA	I A I LULIVAL FAC	,	
	Full Name (Last, First, Middle Initial)			
A.	THE GOODWIN COMMITTEE			Date of Disbursement
	Matter Address D.O. DOV 27044	M M / D D / Y Y Y Y		
	Mailing Address P.O. BOX 27841			09 20 2012
	City	State Zip Code		
	RALEIGH	NC 27611		Transaction ID: SB29.4719
	Purpose of Disbursement CONTRIBUTION		044	Amount of Foot Bill
	Candidate Name		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	2000.00
	Office Sought: House Disbursen	nent For: 2012	Турс	
		Primary Seneral		
		Other (specify) ▼		
_	State: District:			
Б	Full Name (Last, First, Middle Initial)	_		Date of Dishamourant
В.	THE PAT MCCRORY COMMITTEE			Date of Disbursement
	Mailing Address 1235E EAST BLVD, #179			08 16 2012
	Maining 7 661 566 1255E EAGT BEVD, #179			10 ,20,2
	•	State Zip Code		Transaction ID : SB29.4716
	CHARLOTTE Purpose of Disbursement	NC 28210		<del></del>
	CONTRIBUTION		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
			Type	2000.00
		nent For: 2012		
		Primary General		
	President State: NC District:	Other (specify) ▼		
_				
C.	Full Name (Last, First, Middle Initial) THE PAT MCCRORY COMMITTEE			Date of Disbursement
-	THE FAT MOORORT COMMITTE	_		M M / D D / Y Y Y Y
	Mailing Address 1235E EAST BLVD, #179			09 08 2012
	01	7. 0.		
	•	State Zip Code NC 28210		Transaction ID: SB29.4717
	Purpose of Disbursement	20210		
	CÔNTRIBUTION		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	2000.00
	000		Type	2000.00
		nent For: 2012		
		Primary		
	State: NC District:	(Spoint) <b>V</b>		
Г				
5	UBTOTAL of Disbursements This Page (optional)			6000.00
$\vdash$			<u> </u>	
IΤ	OTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)			DACE 20 OF 20	
ITEMIZED DISBURSEMENTS	I llos concrete cohodulo(s)		LINE NUMBER: PAGE 20 OF 20 only one)	
I I EIVIIZED DISDURSEMEN IS	for each category of the	21b	22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c 🗙 29 30k	
Any information copied from such Reports and Stater	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAG	2		
/ Full Name (Last, First, Middle Initial)				
A. WESLEY MEREDITH FOR SENA	ГЕ		Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 27398			09 14 2012	
City :	State Zip Code NC 28314		Transaction ID : SB29.4742	
Purpose of Disbursement	20314			
CONTRIBUTION		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	
		Type	2000.00	
	ment For: 2012			
Senate President	Primary			
State: NC District:	oniei (specify)			
Full Name (Last, First, Middle Initial)				
<b>3.</b>			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	Ctata Zin Cada			
City	State Zip Code			
Purpose of Disbursement				
		1 : : 11	Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Courbb		Туре		
Office Sought: House Disburser Senate	nent For:  Primary General			
President	Other (specify)			
State: District:	(-			
Full Name (Last, First, Middle Initial)				
<b>C</b> .			Date of Disbursement	
-			M M / D D / Y Y Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidata Nama			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Sought: House Disburser	ment For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		······	2000.00	
			32000 00	
TOTAL This Period (last page this line number only)			32000.00	